

SECTION 7 - UPDATED WORK INFORMATION, continued**7.E. If you are not working, do you believe that you are able to work?**

- ☐ No, I don't believe that I am able to work at this time.
- ☐ Yes, and I believe that I do not have limitations or restrictions on my ability to work.
- ☐ Yes, but I believe that I have limitations or restrictions on my ability to work. (Please explain.)

7.F. Has your doctor(s) told you that you are able to work?

- ☐ No (Skip to Section 8.)
- ☐ Did not say (Skip to Section 8.)
- ☐ Yes, and my doctor(s) did not place limitations or restrictions on my ability to work.
- ☐ Yes, but my doctor(s) placed limitations or restrictions on my ability to work. (Please explain. If the same as 7.E., write "same" here.)

7.G. What is the name(s) of the doctor(s) who said you were able to work?

(Please make sure that this doctor(s) is listed in SECTION 3.)

7.H. According to your doctor, when were/are you able to begin work?**If you need more space, use SECTION 10 - REMARKS.****SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT, or
OTHER SUPPORT SERVICES INFORMATION****Complete SECTION 8 if you are age 18 years old or older.**

8.A. Since the date of your last medical disability decision (see date on top right side of Page 1), have you participated, or are you participating, in the **Ticket to Work Program**, a plan with a private or State Vocational Rehabilitation Services, an employment network, or any other support services to help you go to work? ☐ **YES** (Complete the following information.) ☐ **NO** (Skip to SECTION 9.)

NAME OF ORGANIZATION

NAME OF COUNSELOR

ADDRESS

PHONE

CITY

STATE

ZIP

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(area code)-
(phone number)